

Invitation to Sponsors and Exhibitors

26th Annual Arkansas Aging Conference

Arkansas Aging Conference 2006



CHOICES FOR INDEPENDENCE

October 23-25, 2006

Hot Springs Civic and Convention Center
Hot Springs, Arkansas

Sponsored by the
Arkansas Association of Area Agencies on Aging
and
Arkansas Department of Health & Human Services,
Division of Aging and Adult Services

Sponsors



Benefits:

- ☐ **Presenting Sponsor** – \$2,000
 - 2 Free display booths in Exhibit Hall (\$600 value)
 - Name and Logo in *Aging Arkansas* (in conference announcements — September and October)
 - Name on all state-wide news releases
 - Inclusion of Name and Logo on conference program cover

- ☐ **Co-Sponsor** – \$1,500
 - Free display booth in Exhibit Hall (\$300 value)
 - Name and Logo in Aging Arkansas articles
 - Inclusion of name as Co-Sponsor in conference program

- ☐ **Break Sponsor** – \$1,000 (provides soft drinks or coffee and cookies)
 - Free display booth in Exhibit Hall (\$300 value)
 - Name recognition on break table(s)
 - Inclusion in list of sponsors in conference program

- ☐ **Break Co-Sponsor** – \$500 or less
 - Co-Sponsor a break (name recognition on break table)
 - Inclusion in list of sponsors in conference program

In order to get full value of your sponsorship (for example, mention in *Aging Arkansas* and early news releases), you *must respond by July 31, 2006*. Please indicate your *Level of Sponsorship* by checking one of the boxes above.

If you are sponsoring at any of the first three levels, please also complete the *Exhibitor Booth Reservation form*. Submit ALL with your check to the address below.

Please do not hesitate to call **Vivian Jackson** at 501-682-8031 for more information. Vivian's email address is Vivian.Jackson@arkansas.gov.

Make checks payable to: Arkansas Association of Area Agencies on Aging

Mail to: **Arkansas Aging Conference**
PO Box 1437 Slot S530
Little Rock AR 72203-1437

Exhibitors

Exhibit Booth Fee: \$300



Exhibitors are free to set up their booths on the afternoon of October 22, between 2:00 and 5:00 p.m. Exhibits open at 9:00 a.m., Monday, October 23.

Exhibit Schedule	
Sunday, October 22	Set-up between 2:00 and 5:00 p.m.
Monday, October 23	Exhibits open 9:00 a.m. and close at 5:00 p.m.
Tuesday, October 24	Exhibits open 9:00 a.m. - 4:00 p.m. Take down between 4:00 p.m. and 5:00 p.m.
Wednesday, October 25	NO EXHIBITS

There will be an Exhibitor Reception on Monday, October 23, 2006, at 6 p.m. for exhibitors and conference participants.

Exhibit Coordinator: Vivian Jackson Phone: 501-682-8031 FAX: 501-682-8155
Email: Vivian.Jackson@arkansas.gov

Booth reservations and payment must be received by **September 1, 2006**.
Make checks payable to **Arkansas Association of Area Agencies on Aging** and mail to:

Vivian Jackson
Arkansas Aging Conference
PO Box 1437 Slot S530
Little Rock, AR 72203-1437

*Please consider donating a door prize(s).
We will be glad to coordinate awarding the prizes in the exhibit area.*

Lodging Lodging for the conference is at the Embassy Suites adjacent to the Hot Springs Civic and Convention Center. Reduced rate for conference participants is \$104 at the Embassy Suites (501-624-9200). To receive conference rates, you *must* make your reservations on or before October 3, 2006 and tell the reservations clerk you are attending the Aging Conference.

Workshop Participation Exhibitors may attend workshop sessions if there are spaces available.

Lunches Exhibitors may purchase luncheon tickets for a discounted price of \$15 each.

Exhibitor/Sponsor Booth Reservation
Arkansas Aging Conference 2006
Hot Springs, Arkansas



Sponsor ☐ Exhibitor ☐ Both ☐

(Type or print clearly)

Name of organization: _____

Address: _____

Contact Person: _____

Phone: _____ Fax: _____

E-mail: _____

What will you exhibit in your booth? _____

Will you be donating a door prize(s)? ☐ Yes ☐ No

Lunch Tickets. Please indicate the number of lunch tickets you wish to purchase (\$15 each) below:

Monday _____ Tuesday _____ Include this payment with your exhibit fee.

Your organization's name *as you wish it to appear on the booth sign.*

Maximum length – 28 letters per sign. *Type or Print clearly.*

Names of people manning the booth, as you want them to appear on name tags. *Print Clearly*

_____	_____
_____	_____
_____	_____

Each booth will be draped and will have a 6-foot skirted table and two chairs. Please indicate below if you require additional accommodations:

Number of additional chairs _____ Number of additional tables _____

Your check and this form must be sent in by **September 1, 2006.**

Amount enclosed for **Sponsor** (\$2,000, \$1,500, \$1,000, or \$500, as applicable. See other side.) \$ _____

Amount enclosed for **Exhibitor** (\$300) \$ _____

Amount enclosed for **Lunches** (\$15 each) \$ _____

Total amount enclosed \$ _____

Please make your check payable to: **Arkansas Association of Area Agencies on Aging**

Sponsors, please see "Sponsors" page for special instructions and payment information.

Also, please complete additional information on *both* this side and the reverse, as applicable.

Mail to: **Vivian Jackson**
Division of Aging and Adult Services
PO Box 1437, Slot S530
Little Rock AR 72203-1437

You will receive a confirmation letter containing additional information from Vivian Jackson. If you have any questions, you may reach her at 501-682-8031 (or [email vivian.jackson@arkansas.gov](mailto:vivian.jackson@arkansas.gov)).

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October 23-25, 2006

(There will be NO Exhibits on the 25th)

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Hot Springs, Arkansas

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